

WASHINGTON COUNTY INTERNAL MEDICINE, P.C.

501 Sparta Road, Suite F, Sandersville, GA 31082 (478) 552-0001

Patient's Name: _____ Date of Birth: _____

Full legal name; first, middle, last.

MM/DD/YYYY

Patient's SSN#: _____ - _____ - _____ Email _____

Spouse's Name: _____ Date of Birth: _____

Full legal name; first, middle, last.

MM/DD/YYYY

Home Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

If different from Home Address.

Phone; Home: _____ Work: _____ Cell: _____

Are you Employed? Yes ____ No ____

If so where? _____

Work Address: _____

_____.

Occupation? _____

Emergency Contact: _____ Phone: _____

Responsible Party If Other Than Self

Responsible Party's

Name: _____ Date of Birth: _____

Full legal name; first, middle, last.

MM/DD/YYYY

SSN#: _____ - _____ - _____ Relationship to Patient: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

If different from Home Address.

Phone; Home: _____ Work: _____ Cell: _____

Insurance Information

Do you have Health Insurance? Yes ____ No ____.

If Yes please present your insurance card to the receptionist to be copied for our records.

Primary: _____

Receptionist:

Secondary: _____

Were Insurance cards copied?

Tertiary: _____

Initial: _____

Patient's Signature: _____ Date: _____

Responsible Party's Signature : _____ Date: _____